MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the 1. a. STATE b. COUNTY after MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Write RURAL and give-nearest town) CKtor .5 TOP d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREE ADDRESS within 72 NO YES ely pou 3. NAME OF First Middle DATE 4. Month Day complet DECEASED event, (Type or print) DEATH 19 SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Months | Days | Hours | Min. OF BIRTH 9. 7. MARRIED NEVER MARRIED 8. and any WIDOWED DIVORCED 10a. USUAL DCCUPATION (Give king of work done during most of working life, even if retired) 5 10b. KIND OF BUSINESS OR 11. BIRTHPLACE & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please INDUSTRY COUNTRY? certificate FATHER'S NAME MOTHER'S MAIDEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SDCIAL SECURITY NO. transit permit. 17. INFORMAN Address (If yes give war or dates of service) death INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) or attending physician. n signed the burial-trans DUE TO Conditions, If any, which this certificate has been detached for use as the been e Dept, of Health prior to be gave rise to immediate DUE TO cause (a). stating the underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? CERTIFICAT YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of Item 18.) DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After While Page 4 may be retained by 19 at work at work the S 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: director, page 3 should should be filed with the and that death occurred at STM. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SLANATURE page filed ATTENDING PHYS. DIRECTOR PHYS. M.D. ADDRESS 5 Ba 22c. PHYSICIAN'S 22d. director, p Gantz, Bay NAME (Type) Frank St. Md. Berlin. BURIAL, CREMATION.I DATE THEREOF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) ADDRESS FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 196 VR A15 (4) 15M 4-64

Md. Wordester Worcester Rual Stockton Rural Stockton REDI Collick Oct 1 67 Thelma E. Dec 9,1910 56 Female Negro USA. M Laborer Factory Eddie Douglas Frances No - 218-16-7896 Helen Martin Stockton, Md. . ent. d. Dents, Fr. d. D. Schey T. Ernist, du. 81811 Burial 10-4-67 Hora Box Ficial Com Stockton Md. January Jan a New Church, Va. Box

| 1  |     | 1             | MARYLAND STATE DEPARTMENT OF   |  |
|--|-----|---------------|--|--|
|  | . 3 |               | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALLITEM #9 Film #G39 CERTIFICATE OF DEAT  | LIMORE, MARTLAND 21201   |
| E CHA  |     |               | 100 to V B V   | -4910.6N   |
| fuer dea   | ,   | 1.            | LACE OF DEATH COUNTY  OCCUS  LOS MARYLAND  2. USUAL RESIDE O. STATE  | NCE (Whese deceosed lived, if institution: Residence before odmission) b. COUNTY   |
| s afte<br>the dages<br>ages  |     |               | . CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give nearest town)  | (If autside corporate limits, write RURAL and give nearest town)                   |
| hour hour  | 1   |               | NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address)  d. STREET ADDRES  | Tock ton   |
| hin 24 ho  | 100 |               | a state of the sta | e. IS RESIDENCE<br>ON A FARM?<br>YES \( \square\) NO \( \sqrt{X}                   |
| law requires that the death certificate be executed within 24 hours after death nding physician.  been signed by the ottending physician and completely fitted in by the functor is the burial-transit permit. Then please remove carbon papers. Pages 1 one of a to burial, cremation, or removal, and in any event, within 72 hours after death.   |     | 3.            | IAME OF First Middle Crippe I Lost First F. Crippe I   | 1 DATE OF DEATH OCT 25 1967  |
| equires that the death certificate be executed with physician. signed by the ottending physicion and completely buriol-transit permit. Then please remove carbon buriol, cremation, or removol, and in any event, with   |     | S.            | EX OLE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATI OF BIRTH WIDOWED DIVORCED SCOT. 20   | 9. AGE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS                               |
| te be e ion ond ose rer  |     | 10c<br>dur    | USUAL OCCUPATION (Give kind of work done g most of working life, even if refired)  10b. KIND OF BUSINESS OR 11 BIRTHPLACE (G INDUSTRY)   | Sounty & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?                  |
| rtificat<br>physici<br>en ple<br>ovol, a   |     | 13.           | FATHER'S NAME  | AIDEN NAME   |
| equires that the death certification.  physician.  signed by the ottending phy buriol-tronsit permit. Then buriol, cremation, or removal   |     | 15.           | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  | Address  |
| deo the contraction of the contr |     | (10           | , na or unknown) (If yes give wor or dotes of service) 2ucen ke  | Crippen Stockton, 1'k  |
| the the matic  |     |               | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (on Standard on From Part of the Country of the Coun | ifusal to eat 2 INTERVAL BETWEEN   |
| equires the<br>physician.<br>signed by<br>buriol-tror<br>buriol, cre   |     |               | 444X DUE TO //   | 1000   |
| quire<br>phys<br>signe<br>burio  |     |               | Conditions, if ony, which gove nise ta immediate couse (o), DUE TO   | 15910  |
| The law re ottending hos been se as the the priar to large.  |     | -             | stoting the underlying couse   Oct Meres scle  | rosis (3)  |
| The law rootending hos been se as the th priar to  |     | NO            | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA  | SE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?                         |
| IAN: The ol or ot ficate ho for use Health   | 3   | CERTIFICATION | 20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of inju  | YES NO [   |
| PHYSICIAN: The law re e hospitol or ottending his certificate hos been stocked for use as the Dept. of Health priar to   |     |               | OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |
| G PHYSICIAI the hospitol this certifice detoched fol   |     | MEDICAL       | 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJURY OCCURRED While of work of work of work 19 19 20e. PLACE OF INJURY (Hommond of work of work 19 19 19 19 19 19 19 19 19 19 19 19 19  | e, form,<br>g., etc.) 20f. (City or town) (County) (Stote)                         |
| DING<br>by the<br>After the<br>be de<br>Stote  |     |               | 21. I certify that (I) (this haspital) attended the deceased fram  | , 19, ta, 19, that (I) (we) la   |
| ATTENDIN<br>etoined by<br>CTOR: Afte<br>should be<br>vith the Sto  |     |               |  | d atM, fram causes and an the date stated abov                                     |
| OR ATTEND<br>be retained<br>DIRECTOR: A<br>je 3 should   |     |               | 220. SIGNATURE E artorius on M.D. ATTENDING PHYS.  | MED. STAFF PHYS. PHYS.   |
|  | 1   |               | 22c. PHYSICIAN'S NAME (Type) / E. S. R. T. D. R. I. J. S. 22d. ADDRESS   |  |
| O HOSPITAL Page 4 moy O FUNERAL director, pag  |     | 230           | Byrial, Cremation, 23b. Date Thereof 23c, NAME OF CEMETERY OR CREMATORY  | . 23d. LOCATION (City or Town) (County) (Stote)                                    |
| Pag<br>Fire dire   |     | П             | Scholar (Specify) 10-28-67 Jerusalem Cer   | 1. Temperameville, Va.   |
| VR A15 (4)<br>25M 1/67   |     | 2             | 1 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | REC'D BY REGISTRAY  25b. REGISTRAR'S SIGNATURE  CLICANES JUNGSER  CLICANES JUNGSER |
| 20111 17 07  | -   | 13            | JULY NOW A DELLE THEY OF ICH CAN WAR   | 1CT 3 0 196/1 / warrang  |

EM THE SECTION OF THE mel kosta SULTO-634 SOLG THE KING WATER entral substitution of the decision of the Theorem when the The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14680 CERTIFICATE OF DEATH 14690 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death. funeral 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Worcester Maryland and in any event, within 72 hours after Worcester MARYLAND Pages the b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give nearest town) 20 Pocomoke City years ed in l d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Winter Quarters Drive Winter Quarters Drive NO X campletely f 3. NAME OF First Middle DATE Manth Year Last Day DECEASED WILLIAM ELT. TOTT BEEM October 19 67 (Type ar print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH remove birthdoy) Months Dovs Hours June Male White WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **LNDUSTRY** Ohio Chiropractor Chiropractic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, William J. Elliott Hattie Beem 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Comoke City, permit. (Yes, na, or unknown) (If yes give war or dates af service -07-2928 Mrs Dorothy Elliott. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUF TO CARCINOMA Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying cause priar to has been the last. gp 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate Por 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur 'a.m. factory, street, office bldg., etc.) While Nat While of wark at wark **DIRECTOR:** After 21. I certify that (1) (this hospital) attended the deceased from\_\_\_\_ 1966, to 10 1967, that (I) (we) last 19 17, and that death occurred of 32 AM, from causes and on the date stated above. sow the deceosed olive on\_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR ed director, pur 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL NAME (Type OMOK 23b. DATE THEREOF NAME OF CEMETERY BRXCHEMADURX 23d. LOCATION (City or Town) 23 a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) 10-11-1967 Mardela Memorial Mardela - Wicomico - Md. ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 ELINERAL DIRECTOR Pocomoke City, Md.

hungal contraction and an examination of the state of 

|            | MARYLAND STATE DEPARTMENT OF HEALTH  |    |
|------------|--|----|
| 1          | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  |    |
| 1=         | 14632  |    |
| 7          | 1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi e. STATE b. COUNTY   | on |
| _          | WOYCESTEY MARYLAND I'LD, WORCESTEY   |    |
|            | b. CHY OR TOWN (if oulside corporate limits, write RURAL and give nearest lown)  c. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest lown)  |    |
| ~          | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  d. STREET ADDRESS   |    |
| ı          | ON A FAR   | W? |
| 1          | 3. NAME OF First Middle Last 4. DATE 1. Month Day Year   | (  |
|            | DECEASED MASON E. MAKROWA  |    |
| 1          | found dead 10-17 1961  | S. |
|            | 8. Date of Birth  8. Date of Birth  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HR  Negro widowed   Divorced   Divorced   Jan 20, 1921   Ge (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HR  Months Deys Hours Min |    |
|            | 10a. USUAL OCCUPATION (Give kild of work done during most by working fife, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT                    | RY |
|            | Laborer  |    |
| 1          | 13. FATHER'S NAME  | _  |
| L          | Dott Davage Elsie Manuel   |    |
|            | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. OCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgive war or deles of service)   | A  |
| -          | 18. CAUSE OF DEATH [Enter only one souse per time for (a), (b), and (c).]  | ľ, |
|            | PART I. DEATH WAS CAUSED BY  |    |
| Г          | IMMEDIATE CAUSE (a) COTO PERAS OCIO  |    |
|            | Conditions, if any, which the  |    |
|            | gave rise to immediate cause   | -  |
|            | (a), steting the underlying DUE TO (c)   |    |
| 2          |  | Υ  |
| TAT        | PERFORMED? YES NO II   |    |
| MOLEVISION | 20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.)   | 4  |
| 1          |  |    |
| MEDICAL    | 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (State)  Hour a.m. While Not While Not While  |    |
| AAE        |  |    |
|            | 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry and in my opinion   |    |
|            | death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner  |    |
|            | ACTUAL Philip D B CHIEF MEDICAL EXAMINER C   |    |
|            | SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED   |    |
| 4          | EXAMINER'S PHALLY P. BROVS  Address (Street, city, town, or county)  10-16-67  | ,  |
| 2          | 12e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d SOCATION (City, Jown, or county) (State)  | -  |
|            | Buria 10/16/67 Wharton Cem. Parksley Va.   |    |
| 1          | 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE   |    |
| L          | Alexand I New Church, Va. DCT 19 1967 Charles Judge  |    |
|            |  |    |

recommendation of the same a professional services Made the state of the bridge of the latest the state of t

## FOR STATE HEALTH in pencil in Item 18. Give Poges 1, 2, and 3 to 1 knowniner's Office atoms with form PM3. Page any delay is permit. File pages lond 2 with the State Department of

This certificate should be executed within 24 hours-effer deoth.

necessary, please execute the certificate, writing the word "pending" in pencil in Item the funeral director. Page 4 should be forwarded to the Chief Medical Exominer's Office

TO DEPUTY MEDICAL EXAMINER:

14683

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14693

| S. SEX  6. COLOR OR RACE  Female  White  Widowed  Divorced  Divorced  100. USUAL OCCUPATION (Give kind of work done)  105. KIND OF BUSINESS OR   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Bishopville  d. STREET ADDRESS RUral Bishopville  lost  Lost  OF  OF  DEATH  OF  DATE  OF |
|--|--|
| Rural Bishopville  3. NAME OF DECEASED (Type or print) Ada Mae Mae Divorced | Rural Bishopville ON A FARM?  VES X NO  Lost OF  |
| DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  Female  White  Widowed  Divorced  Output  Divorced  Output  Divorced  Divo | B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS    10   |
| Female White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR   | O 1801 lost brithdoy) Months Doys Hours Min.   |
| 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR  | - 27-1071 /0 yrs.  |
| during montpl working the even it retired) Housewife   | Bishopville  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S.A?   |
| 13 FATHER'S NAME Sampson Selby   | 14. MOTHER'S MAIDEN NAME Ellen Cathell   |
| (Yes no or unknown) (If we give wor or dates of service)   | INFORMANT Address Llliam J. Massey Bishopville, Md   |
| rise to immediate couse (a), stating the underlying couse (b), (c) DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORTED TO   | PERFORMED?   |
| CALISE OF DEATH  | (Enter noture of injury in Port I or Port II of item IB.)  |
|  | CE OF INJURY (Home, form, lory, street, office bldg., etc.) 20f. (City or town) (County) (State)   |
| 21. I certify that I took charge af the remoins described obove, he  | cide , Hamicide , Undetermined manner   CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER   22. DATE SIGNED   |
| EXAMINER'S Clifford E. Schott, M.D.  230. BURGAL (REMATION, )   23b., DAJE THEREOF   23c., NAME OF CEMETERY DR   | Address (Street, city, town, or county) Worcester Co.  |
| 230. BURIAL (REMATION) 23b. DAJE THEREOF 7 23c. NAME OF CEMETERY DR 24. FUNDA DETERMINE OF CEMETERY DR 25 NAME OF  |  |

OCT 9

VR A15ME 6M 1/67

Bealth prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

5 may be retained for your files.

ECS11 The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14684 14695 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MORCESTER MARYLAND c. LENGTH DF STAY IN 16 (If outside carporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) B. IS RESIDENC death 3. NAME OF Middle DATE DECEASED OF DEATH Red erce (Type or print) This certificate should be executed within 24 hours ofter DATE OF BIRTH IF UNDER I YEAR IF UNDER 7. MARRIED d "pending" in pencil in Item 18. C Chief Medicol Examiner's Office alor lost birthdoy) Months Doys Hours WIDOWED 72 hours ofter death poges lond 2 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during master warking life, even if retired) INDUSTRY COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANCES File 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no. ar unknown) (If yes give wor or dates of service) event within 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO ony Canditians, if any, which gove 4 should be forwarded to rise to immediate couse (a), = DUE TO stoting the underlying couse or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? pe 20g. EXTERNAL CAUSE WAS PRIMARY → or CONTRIBUTING □ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 1B.) 3 should cremation, 20e. PLACE OF INJURY (Horne, form, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City, or town) (State) factors, street, affice bldg., etc.) DIRECTOR: Page RIN WOR at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 🔀 and in my apinian death resulted fram: Hamicide X Undetermined manner Natural causes Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health prior ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral FUNERAL may NAME (Type) (State) 0 BERLIN 2So. REC'D BY REGISTRAR VR ATSME (50 6M 1/67

Law 1/25 3 74 70 74 5 5 1 SHOW WAS CAREFUL & TWO WITHOUT ARTHUR BY A BUT 1 F 1 St 11 S F Table 15 Dec 10 Comment - Carlo Comment Cast Add To the Asia Sally District Both Mary was I come to the white the treat to be a survey to 12 to 12 to 12 and go where the tile where the Smy gas whome is a small or to be the and the bright many at the way of the Rine of 10-19-67 EVERGED Beelin Line Int Lance of Jackey State and Mark Comment 1967